



THE PHILHARMONIC SOCIETY OF ARLINGTON, INC.

The Arlington Philharmonic Orchestra (APO)

The Arlington-Belmont Chorale (ABC)

The Arlington-Belmont Chamber Chorus (ABCC)

Founded 1933

MEMBERSHIP INFORMATION 2022 - 2023

NEW MEMBER

RETURNING MEMBER *

*Please complete form and circle any changes since last year

NAME: _____

Please **PRINT** it as you would like to see it in programs.

MAILING ADDRESS: _____

Please **PRINT** Street

Town ZIP + 4 (e.g. 02474-0000 - required for Bulk Mailings)

PHONE: (Home) (____) _____

Area Code

(Work) (____) _____ Ext. _____

Area Code

EMAIL ADDRESS: _____

Please **PRINT** it very carefully. Check the box if it differs from a previous email address.

PARTICIPANTS MUST BE FULLY VACCINATED WITH AT LEAST ONE BOOSTER AND MUST PRESENT THEIR VACCINATION CARD AT THEIR FIRST REHEARSAL. MASKS MUST BE WORN AT REHEARSALS. THANK YOU.

<u>CHORALE</u>		<u>ORCHESTRA</u>	
VOICE PART		INSTRUMENT(S)	
(Check One)	<input type="checkbox"/> Soprano I	<input type="checkbox"/> Tenor I	_____
	<input type="checkbox"/> Soprano II	<input type="checkbox"/> Tenor II	_____
	<input type="checkbox"/> Alto I	<input type="checkbox"/> Bass I	_____
	<input type="checkbox"/> Alto II	<input type="checkbox"/> Bass II	_____

The Philharmonic Society of Arlington is a non-profit corporation. Does your employer have a matching gifts program? If so, please provide name here _____

The following information is NOT REQUIRED, but requested so that we might make the most of the many non-musical talents and associations of our membership. Please let us know about your:

Occupation: _____

Hobbies/Skills: _____

Other memberships: _____

<u>MEMBERSHIP DUES:</u>	\$ _____	Dues (\$100 per Individual, \$75 for each additional family member)
<u>PLEASE CONSIDER</u>	\$ _____	Optional Tax-Deductible contribution to the PSA
	\$ _____	TOTAL PAYMENT

Please make checks payable to "Philharmonic Society of Arlington" or "PSA"

DATE PAID _____ PAYMENT FORM: Check Cash RECEIVED BY: _____